

\_\_\_\_\_  
Full name of Party Filing this Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff

\_\_\_\_\_,  
Defendant

\_\_\_\_\_,  
Plaintiff or Co-Petitioner,  
vs.

\_\_\_\_\_,  
Defendant or Co-Petitioner.

MOTION TO CONSOLIDATE CASES

Case No. \_\_\_\_\_

Case No. \_\_\_\_\_

There is more than one case involving the same parties or claims. The court should consolidate these cases. Rule 42(a), IRCP. I/we ask for oral argument. Rule 7(b)(3) IRCP.

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)

CERTIFICATE OF SERVICE

I certify I served a copy to: (Fill in the name and mailing address of each other party or their attorney.)

\_\_\_\_\_  
(Name)

By Mail

\_\_\_\_\_  
(Street or Post Office Address)

By fax to (number) \_\_\_\_\_

\_\_\_\_\_  
(City, State, and Zip Code)

By personal delivery

\_\_\_\_\_  
(Name)

By Mail

\_\_\_\_\_  
(Street or Post Office Address)

By fax to (number) \_\_\_\_\_

\_\_\_\_\_  
(City, State, and Zip Code)

By personal delivery

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed Name of Party Signing